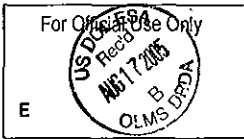


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11460</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>THOMAS</u> <u>RYAN</u> P.O. Box, Bldg., Room No., if any Street <u>24-09 38TH AVE</u> City <u>LONG ISLAND CITY</u> State <u>New York</u> ZIP Code + 4 <u>11101-3512</u>	4. Name, file number, and address of labor organization. Name <u>SEIU LOCAL 74</u> Labor Organization File Number <u>069-871</u> P.O. Box, Building and Room Number, if any Street <u>24-09 38TH AVE</u> City <u>LONG ISLAND CITY</u> State <u>New York</u> ZIP Code + 4 <u>11101-3512</u>
5. Position in labor organization. <u>SECRETARY TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)	
Signed <u>Thomas P. Ryan</u>	On <u>8/5/05</u> <u>718 729 7400</u> Date Telephone Number

Name of Person Filing THOMAS RYAN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name SEIU LOCAL 74 PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 24-09 38TH AVE

City LONG ISLAND CITY

State New York ZIP Code + 4 10001

14.a. Nature of payment.

DINNER; DISCUSSION ON FLORIDA RETIREES WORKSHOP

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$130

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name SEIU LOCAL 74 PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 24-09 38TH AVE

City LONG ISLAND CITY

State New York ZIP Code + 4 10001

14.a. Nature of payment.

IFEBP 2005 REGISTRATION

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$1,630

Name of Person Filing THOMAS RYAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="SEIU LOCAL 74 WELFARE FUND"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="24-09 38TH AVE"/></p> <p>City <input style="width: 80%;" type="text" value="LONG ISLAND CITY"/></p> <p>State <input style="width: 20%;" type="text" value="New York"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="10001"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p>LUNCH: DISCUSSION OF MEDICAL BENEFITS</p> </div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; padding: 5px; width: 100px; float: right;"> <p>\$103</p> </div>

Name of Person Filing THOMAS RYAN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name SEIU LOCAL 74 PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 24-09 38TH AVE

City LONG ISLAND CITY

State New York ZIP Code + 4 11101

14.a. Nature of payment.

JOB ADVERTISEMENT WITH THE IFEBP: FOR
FUND ADMINISTRATOR POSITION

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$160

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:☐ a. Labor Organization☐ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.**11.b. Approximate dollar value of such dealing.****12.a. Nature of interest held or income received.****12.b. Amount.**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name SEIU LOCAL 74 PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 24-09 38TH AVE

City LONG ISLAND CITY

State New York ZIP Code + 4 11101

14.a. Nature of payment.

IFEBP 2004 CONFERENCE : AIRFARE REIMBURSEMENT

13.b. Is the Business an Employer ☒ or Consultant ☐ ?**14.b. Amount of payment.**

\$322

Name of Person Filing THOMAS RYAN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name BARRY BARNETT

Trade Name, if any: PRICEWATERHOUSECOOPERS

P.O. Box, Bldg., Room No., if any

Street 300 MADISON AVE

City NEW YORK

State New York

ZIP Code + 4

10017

14.a. Nature of payment.

MR. BARNETT AND I PLAY THE GUITAR. HE INVITED ME TO DINNER AND TO AN ERIC CLAPTON CONCERT AT MADISON SQUARE GARDEN IN MAY OR JUNE 2004. I DO NOT KNOW THE COSTS OF THE DINNER OR THE CONCERT. I HAVE KNOWN MR. BARNETT FOR OVER 20 YEARS. 100.00 EST,

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$100+